



Health Professions Quality Assurance Division
P.O. Box 1099
Olympia, WA 98507-1099

Examining Board of Psychology License Verification

To Applicant:

Please complete this side of form and send it to the state(s) and/or jurisdiction(s) where you are licensed. Instruct them to return the form directly to the address listed below. Make a copy of this form if you are licensed in more than one state and/or jurisdiction. Licensing agencies normally charge a fee to verify a license. Please check in advance to help expedite this process.

Name: _____
LAST FIRST MIDDLE

Mailing Address: _____

City, State & Zip Code: _____

Any other names used: _____

License Number: _____ Date Issued: _____

Have the licensing agency return this completed form to:

Department of Health
Examining Board of Psychology
PO Box 47869
Olympia, WA 98504-7869

If you have any questions, please call (360) 236-4910.

(To be Completed by the State Psychology Board)

Please complete this form regarding the applicant listed on the reverse. Submit the completed form and any other requested material directly to this office at the address on the reverse. We will not accept the form if submitted by the applicant. Thank you.

Name of licensed psychologist: _____

Authority providing verification: _____
State, Name & Title

Applicant was licensed by:

Written Examination: _____ Date: _____ Score: _____

Name of Examination: _____

Other Examination: _____ Date: _____ Score: _____

Name of Examination: _____

Is license current? ☐ Yes ☐ No Expiration Date: _____

Is this licensee considered to be in good standing in your state? ☐ Yes ☐ No

If "No," please attach explanation.

Has this license ever been:

Yes No

- | | | |
|--------------------------|--------------------------|-------------|
| <input type="checkbox"/> | <input type="checkbox"/> | denied |
| <input type="checkbox"/> | <input type="checkbox"/> | suspended |
| <input type="checkbox"/> | <input type="checkbox"/> | revoked |
| <input type="checkbox"/> | <input type="checkbox"/> | surrendered |
| <input type="checkbox"/> | <input type="checkbox"/> | reinstated |

If yes, please provide a copy of the Final Order or other documentation of action taken.

If this licensee has been disciplined, has he/she successfully completed all requirements and is currently in good standing? ☐ Yes ☐ No

Signature: _____

(SEAL)

Title: _____

Date: _____